

Comprehensive Cancer Control: SUPPORTING DATA

Comprehensive Cancer Control contributes to reducing cancer risk, detecting cancers earlier, improving access to quality cancer treatment, and enhancing quality of life for cancer survivors.

Risk reduction

The following statistics highlight the need for reducing behaviors that can lead to cancer.

- Evidence is overwhelming that lifestyle factors affect cancer risk:
 - Tobacco use causes cancers of the lung, oropharynx, larynx, esophagus, bladder, kidney, and pancreas.
 - Consumption of large amounts of fruits and vegetables have been linked with a lower risk of cancer.
 - Obesity increases the risk of breast, endometrial, colorectal, kidney, and esophageal cancer.
 - Regular physical activity lowers the risk of colon cancer, breast cancer, and possibly endometrial cancer.
 - Regular alcohol intake increases the risk of cancers of the oropharynx, larynx, esophagus, breast, liver, colon, and rectum.
Institute of Medicine's National Research Council. *Cancer Prevention and Early Detection*, 2003.
 - Exposure to the sun's ultraviolet rays may be the most important environmental factor involved in the development of skin cancer.
Centers for Disease Control. www.cdc.gov/cancer/nscpep/awareness.htm. Accessed November 2005.
- An estimated 22.5% of adults in the United States (46 million people) smoke cigarettes.
Centers for Disease Control and Prevention. *National Center for Health Statistics; Health, United States, 2003, with Chartbook on Trends in the Health of Americans*.
- 22.9% of high school students and 10.1% of middle school students in the United States smoke cigarettes.
Centers for Disease Control and Prevention. Tobacco use among middle and high school students—United States, 2002. *MMWR*. 2003;52:1096-1098.
- Each day in the United States, nearly 4,400 young people between the ages of 12 and 17 years initiate cigarette smoking.
Substance Abuse and Mental Health Administration. *2001 National Household Survey on Drug Abuse: Trends in Initiation of Substance Abuse*.
- 30% of adults in the United States are obese, and the percentage of young people in this country who are overweight has more than doubled during the past 20 years, to 16%.
Centers for Disease Control and Prevention. Division of Nutrition and Physical Activity Web Site: www.cdc.gov/nccdphp/aag/aag_dnpa.htm (based on CDC, 2003 Behavioral Risk Factor Surveillance System data).
- More than 50% of U.S. adults do not get enough physical activity to provide health benefits, and more than a third of young people in grades 9–12 do not regularly engage in vigorous physical activity.
Centers for Disease Control and Prevention. Division of Nutrition and Physical Activity Web site: www.cdc.gov/nccdphp/aag/aag_dnpa.htm (based on CDC, 2003 Behavioral Risk Factor Surveillance System data).
- In 2003, only about one-fourth of U.S. adults ate the recommended five or more servings of fruits and vegetables each day.
Centers for Disease Control and Prevention. Division of Nutrition and Physical Activity Web site: www.cdc.gov/nccdphp/aag/aag_dnpa.htm (based on CDC, 2003 Behavioral Risk Factor Surveillance System data).

- Nearly 15% of adults in the United States report having consumed five or more drinks on one occasion during the previous month.
Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2004.
- As many as one-third of the more than 570,000 cancer deaths estimated for 2005 will be related to nutrition, physical inactivity, and overweight or obesity.
American Cancer Society. Cancer Facts and Figures, 2005.

Early detection

As of 2005, the U.S. Preventive Services Task Force recommends:

- Screening mammography, with or without clinical breast examination, every 1–2 years for women aged 40 years and older.
- Screening for cervical cancer with cervical cytology (Pap smears) in women who have been sexually active and have a cervix.
- Screening for colorectal cancer in men and women aged 50 years and older.

U.S. Preventive Services Task Force. *Recommendations and Rationale* for cancer screening, available at www.ahrq.gov/clinic/cps3dix.htm#cancer. Accessed November 2005.

Despite these recommendations:

- Among U.S. women aged 40 years and older, 61% of those with no usual source of health care, 67% of those with no health insurance, and 61% of those who immigrated to the United States within the previous 10 years reported not having a mammogram within the previous 2 years.
Centers for Disease Control and Prevention. 2000 National Health Interview Survey.
- Among U.S. women aged 25 years and older, 58.3% of those without a usual source of health care, 62.4% of those with no health insurance, and 61% of those who immigrated to the United States within the previous 10 years reported not having a Pap test within the past 3 years.
Centers for Disease Control and Prevention. 2000 National Health Interview Survey.
- Only 41% of men and 37.5% of women aged 50 years and older reported having been screened for colorectal cancer within the previous 5 years.
Centers for Disease Control and Prevention. 2000 National Health Interview Survey.
- Cancers that can be prevented or detected earlier by screening account for about one-half of all cancer cases in the United States.
Centers for Disease Control and Prevention. 2000 National Health Interview Survey.
- Many cancer deaths could be avoided if more people were screened for breast, colorectal, and cervical cancers.

U.S. Preventive Services Task Force. *Recommendations and Rationale* for screening for breast cancer (February 2002), colorectal cancer (July 2002), and cervical cancer (January 2003).

Encouraging statistics that show progress in early detection:

- Among U.S. women aged 40 years and older, 70.1% reported having a mammogram within the previous 2 years.
Centers for Disease Control and Prevention. 2000 National Health Interview Survey.
- Among U.S. women aged 25 years and older, 82.4% reported having a Pap test within the previous 3 years.

Centers for Disease Control and Prevention. 2000 National Health Interview Survey.

Better treatment

The following statistics describe who is—and who is not—receiving treatments recommended by a 1994 National Institutes of Health Consensus Conference and subsequent clinical trials.

- The likelihood that a person will receive the recommended therapy for cancer decreases with age. This may be due in part to the fact that many Medicare beneficiaries who have cancer do not consult with specialists (medical oncologists).

Centers for Disease Control and Prevention, National Cancer Institute, and American Cancer Society. 2005 Annual Report to the Nation on the Status of Cancer, 1975–2002, Featuring Population-Based Trends in Cancer Treatment.

- In 2000, researchers found that women with node-positive breast cancer were less likely to receive the recommended treatment if they were over the age of 65 years.

Centers for Disease Control and Prevention, National Cancer Institute, and American Cancer Society. 2005 Annual Report to the Nation on the Status of Cancer, 1975–2002, Featuring Population-Based Trends in Cancer Treatment.

- In 2003, researchers found that women with stage III or IV ovarian cancer were less likely to receive guideline-based treatment if they lacked private insurance or were over the age of 65 years. This may be because only 30% of female Medicare beneficiaries have their ovarian cancer resection performed by a gynecologic oncologist.

Centers for Disease Control and Prevention, National Cancer Institute, and American Cancer Society. 2005 Annual Report to the Nation on the Status of Cancer, 1975–2002, Featuring Population-Based Trends in Cancer Treatment.

- Factors such as race, socioeconomic status, geographical location, and place of treatment have been associated with receipt of the recommended treatments for lung cancer. For example, in 2004, researchers found that white patients with high socioeconomic status were substantially more likely to receive surgery for stage I and II non-small cell lung cancer than were black patients.

Centers for Disease Control and Prevention, National Cancer Institute, and American Cancer Society. 2005 Annual Report to the Nation on the Status of Cancer, 1975–2002, Featuring Population-Based Trends in Cancer Treatment.

The following statistics describe barriers to access to recommended treatment.

- Surveillance data on patterns of cancer care have highlighted gaps in dissemination of treatments, and possible disparities in receipt of cancer care by age, race, and type of health plan.

Centers for Disease Control and Prevention, National Cancer Institute, and American Cancer Society. 2005 Annual Report to the Nation on the Status of Cancer, 1975–2002, Featuring Population-Based Trends in Cancer Treatment.

- In 2002, approximately 37.7% of office-based physicians did not accept new charity cases, 23.5% did not accept new Medicaid cases, and 13.8% did not accept new Medicare cases.

Centers for Disease Control and Prevention. National Ambulatory Medical Care Survey, 2002.

- In 2004, approximately 14.8% of people in the United States did not have health care coverage.

Centers for Disease Control and Prevention. Behavior Risk Factor Surveillance System.

- More than 50% of cancer patients were covered by Medicaid and Medicare from 1994–1996.

National Cancer Policy Board, Institute of Medicine and National Research Council. *Ensuring Quality Cancer Care*, 1999.

Enhanced survivorship

Cancer survivors may face long-term physical, psychosocial, and emotional effects of diagnosis and treatment. The following statistics highlight the importance of addressing these issues with the nation's growing number of cancer survivors.

- As of January 2002, there were approximately 10.1 million cancer survivors in the United States.

National Cancer Institute. SEER Cancer Statistics Review, 1975–2002.

- The number of cancer survivors in the United States increased steadily during the past three decades, from 3.0 million (1.5% of the U.S. population) in 1971 to 9.8 million (3.5%) in 2001.

Centers for Disease Control and Prevention. Cancer Survivorship—United States 1971–2001. *MMWR*. 2004;53:526–529.

- In the absence of other competing causes of death, an estimated 64% of adults whose cancer was diagnosed during 1995–2000 could expect to be alive 5 years after diagnosis, compared with 50% for those whose cancer was diagnosed during 1974–1976.

Centers for Disease Control and Prevention. Cancer Survivorship—United States 1971–2001. *MMWR*. 2004;53:526-529.

- Among children (aged 14 years), 79% of cancer survivors during 1991–2000 were expected to be alive at 5 years and approximately 75% at 10 years, compared with 56% expected to live 5 years after diagnosis during 1974–1976.

Centers for Disease Control and Prevention. Cancer Survivorship—United States 1971–2001. *MMWR*. 2004;53:526-529.

Health disparities

According to the Centers for Disease Control and Prevention's Office of Minority Health and Health Disparities, life expectancy and overall health have improved in recent years for most Americans. However, Americans are not benefiting equally. The following statistics are examples of how specific population groups experience disproportionate rates of incidence, prevalence, mortality, survival, risks, and treatment.

- There is a significant gap in screening use among:

- Individuals with no usual source of care.
- Uninsured people.
- Recent immigrants.

Centers for Disease Control and Prevention, *National Health Interview Survey, 2000*.

- Racial and ethnic minorities.

Centers for Disease Control and Prevention, *U.S. Cancer Statistics: 2001 Incidence and Mortality*.

- People with limited income.

- Rural Populations.

Singh GK, Miller BA, Hankey BF, Feuer EJ, Pickle LW. Changing area socioeconomic patterns in US cancer mortality, 1950–1998: Part I—All cancers among men. *J Natl Cancer Inst* 2002;94:904-15.

Singh GK, Miller BA, Hankey BF. Changing area socioeconomic patterns in US cancer mortality, 1950–1998: Part II—Lung and colorectal cancers. *J Natl Cancer Inst* 2002;94:916-25.

- African Americans are more likely than any other racial/ethnic group to develop and die from cancer.

Centers for Disease Control and Prevention. *United States Cancer Statistics: 2001 Incidence and Mortality*.

- For further information regarding health disparities in cancer, visit the Intercultural Cancer Council's Web site at <http://iccnetwork.org>.

For more information on how to address the issues of risk reduction, early detection, better treatment, enhanced survivorship, and health disparities, visit www.thecommunityguide.org and www.ahrq.gov/clinic/uspstfix.htm.

These statistics are updated periodically; refer to the sources listed to check for new data.

Visit <http://cancercontrolplanet.cancer.gov> or www.cancerplan.org for local data and resources.